



Date	_____
Tracking Number	_____

## SIGN COMPANY REGISTRATION APPLICATION

Type of Application      New Registration      Renewal Registration (CNO Registration Number \_\_\_\_\_)

### COMPANY INFORMATION

Name of Company to be Registered \_\_\_\_\_

Company Business Address \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### OWNER/PRINCIPAL OFFICER INFORMATION

Owner/Principal Officer Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### AUTHORIZED AGENT INFORMATION (for service of process)

Agent Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### FEES

Annual sign contractor registration fee: \$400

### ACKNOWLEDGMENTS

I hereby certify that the above information is true and correct, and further that if this application for registration is accepted that I or my authorized agent will conform to all provisions of the Comprehensive Zoning Ordinance (Ord. No. 4,264 MCS, amended), the Building Code, and any other applicable laws or ordinances presently in effect or hereafter adopted during this term of registration. I understand that non-compliance or installation of signage without first obtaining proper permits will be just cause for rescission of registration. In the event that I change agents, addresses, or any other relevant information, I will inform the Zoning Administration Division of Safety and Permits immediately.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_